# LOWELL PANDEMIC INFLUENZA PUBLIC DISCUSSION

#### **SUMMARY REPORT**

APRIL 18, 2006 1:00 PM-4:00 PM TSONGAS ARENA LOWELL, MA

#### Sponsored by:

Middlesex Community College Lowell Health Department Massachusetts Department of Public Health

MA Pandemic Influenza Public Discussion, 4/06

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#### Introduction

On April 18, 2006, the Lowell Pandemic Influenza Public Discussion was held at the Tsongas Arena in Lowell, MA. The Lowell event was the first of a possible series of public discussion sessions being held across the state as part of the Massachusetts Pandemic Flu Public Participation Project.

The Lowell Pandemic Influenza Public Discussion was a follow-up effort to two related events. First, at the state and national level, the event was an effort to continue the involvement of the public in pandemic planning that was initiated through the Pandemic Flu Vaccination Priorities Public Engagement Pilot Project<sup>1</sup>. Massachusetts was one of three states to participate in the pilot project. As part of the pilot project, in September 2005, Massachusetts held a meeting with 40 people from around the state to discuss priority groups for influenza vaccine during a pandemic.

Secondly, at the city and regional level, this event followed the "Avian Influenza Pandemic Conference" of the Program on Homeland Security at Middlesex Community College, which was held in Lowell on December 6, 2005. The conference attracted 200 attendees from five states, representing eighty-five institutions and agencies from higher education, health care, federal, state and local government, organized labor and private companies.

#### Recruitment

Recruitment was conducted by the Lowell Health Department and Middlesex Community College through a wide variety of organizations, networks, and individuals to attempt to reach a diverse array of participants by race/ethnicity, geography, age, economic status, and background. Examples of recruitment sources included civic engagement groups, cultural organizations, faith communities, universities, business networks, professional organizations, interest groups, among many others.

#### Attendance

Ninety-two individuals attended the Lowell Pandemic Influenza Public Discussion. This included 52 participants, 28 observers, 4 speakers, and 8 small group facilitators. Observers included staff from the Massachusetts Department of Public Health, administrators and faculty from Middlesex Community College, and a number of municipal officials from the City of Lowell, including Mark Boldrighini, Lowell's Deputy Emergency Management Director. Furthermore, a number of leaders from the Lowell private and public sectors were present.

The Discussion received significant support from Lowell area elected officials. All five members of the Lowell area House of Representatives delegation were present at the Discussion: Representatives Colleen M. Garry, Thomas A. Golden, Jr., James R. Miceli, Kevin Murphy and

<sup>&</sup>lt;sup>1</sup> The Keystone Center (December 2005). "Citizen Voices on Pandemic Flu Choices: A Report of the Public Engagement Pilot Project on Pandemic Influenza." Technical Report. http://www.keystone.org/spp/health-pandemic.html

David M. Nangle. The Lowell City Council was represented by Councilor (and former Lowell Mayor) Rita M. Mercier. U.S. Representative Marty Meehan and State Senator Steven C. Panagiotakos were represented by staff members.

Based on a participant survey conducted during participant registration, the demographic characteristics of attendees compared favorably with the population as reported by the 2000 US Census. Sixty-six percent of attendees self-identified as white non-Hispanic, 20% as Asian/Pacific Islanders, 6% as Black/African American, 6% as Hispanic/Latino, and 2% as American Indian/Alaskan Native. Hispanic/Latino individuals were under-represented compared with the city-population.

Ten percent of participants indicated that they had completed less than a high school education. Thirty-six percent of participants had completed some amount of college education but less than a bachelor's degree (i.e., some college credit but no degree or an associate's degree). Twenty percent of participants reported that they held a bachelor's degree, while 26% indicated that they had completed a graduate degree. Individuals representing a diverse array of professional backgrounds attended the event, with only 22% reporting a profession related to public health. This variation of professional and educational perspectives was a positive aspect of the event as the goal was to recruit a group of participants that represented the general public (as opposed to just public health professionals). Diversity by age group and by income level was also attained.

#### **Process**

Opening remarks were made by Terrence B. Downes, Esq., Director of the Middlesex Community College Program on Homeland Security; Dr. Carole Cowan, Middlesex Community College President; Dr. Alfred DeMaria, from the Massachusetts Department of Public Health; and Rita Mercier, City Councilor.

Jennifer Logan Coyle reviewed the agenda for the day: presented the goal for the Pandemic Influenza Public Discussion as providing an opportunity for community feedback on health care issues that are likely to occur during an influenza pandemic; and provided a brief introduction about influenza and the importance of planning for a possible future influenza pandemic. Frank Singleton discussed "Why Local Planning".

Jennifer Logan Coyle introduced the small discussion group session by first reading a scenario describing the possible impact of an influenza pandemic on the city of Lowell. The participants were than divided into facilitated groups of 5-8 participants. The small group discussions were guided by a set of structured discussion questions that addressed various health care challenges that may occur during an influenza pandemic. The small group discussion began at 1:45 pm and resumed back to the main room at approximately 3:00pm.

Jennifer Logan Coyle facilitated a final plenary session, which included an opportunity for participants to publicly voice the challenges, and recommendations that had been discussed in each small group. The following issues were mentioned by participants as the major challenges:

Language barriers

- Transportation for individuals with disabilities and special needs
- The impact of quarantine measures and triage on elderly individuals who may not have the resources to care for themselves in the home if they became ill and there was no room to hospitalize them
- Dissemination of information
- Stockpiling of perishables (particularly space for storage and resources for purchasing necessary supplies)
- Worries about charges for emergency supplies for those who cannot afford to purchase them
- Need for security at triage sites where people are waiting for treatment
- Need for individuals in the community with basic training on health and safety to provide services
- Sanitation concerns
- Access to medication and vaccine

Participants reported the following key recommendations:

- Develop a local cable television program to educate the public on pandemic influenza and the pandemic planning efforts that are going on now
- Consider using old unused buildings for storage of food, medication, and other emergency supplies as well as for health care triage sites
- Stockpile medical supplies at home and at health care institutions for people with underlying conditions and basic first aid supplies for trauma cases
- Ensure more involvement from communities of color in the pandemic planning process
- Develop public information in a wide range of different languages
- Conduct planning now to involve mass transit in assisting people that do not have transportation as well as to provide sufficient services to ease traffic congestion to and from health care facilities during a pandemic.

An open question and answer session followed.

Before the closing, Dr. Alfred DeMaria reiterated the importance of having active public engagement throughout the pandemic planning process, particularly through open meetings such as this Public Discussion. Jennifer Logan Coyle reviewed a set of materials that had been provided to participants to encourage individual, family, and community emergency preparedness. Additionally, extensive educational handouts were included in the set of materials so that participants could continue to learn about influenza after the event. Participants were encouraged to provide additional comments and questions by completing a feedback form at the event, or by contacting the Lowell Health Department by phone at: 978-970-4010 ext.1201 or by email at: fluplanning@lowellma.gov. Terrence B. Downes provided closing statements to thank all participants for attending the event. The session was adjourned at 4:00 PM.

#### **Small Group Discussion Feedback**

The following is a brief summary of the major issues raised in the small group discussions.

#### Acceptance of Care at a Triage Center Near a Hospital

The first topic centered on participant reactions to the concept of potentially receiving health care at an alternative care site during an influenza pandemic when hospitals would possibly be overwhelmed with patients and may function solely as intensive care units for the sickest individuals. The participants were asked to imagine that they attempted to go to a hospital emergency room and were instead diverted to a triage center in a medical office building near the hospital. In response to this scenario, the majority of participants reported that they would comply with instructions to seek care in the triage center rather than going to the Emergency Room. The majority of participants reported that they would stay at the triage center. A small number said they would demand to be seen at the Emergency Room. Interestingly, some participants reported that they would return home rather than accept care at the triage center. One small group indicated that they would stay at the triage center out of trust in the health care officials at the hospital.

Participants were asked to imagine the problems or challenges that they might experience receiving care in a triage center during an influenza pandemic. Participants reported concerns ranging from safety to logistical issues.

The first major concern was safety at the triage sites. Some specific concerns included the possibility of aggressive, unruly, or violent behavior by panicked, confused, and ill patients and family members. Additionally, the possibility of the exacerbation or triggering of mental health issues such as individuals experiencing panic attacks was mentioned along with the need for appropriate crisis intervention personnel to help individuals cope with these issues. Participants stressed the importance of a strong and visible security presence to deal with these potential challenges. Lowell Police Department, Campus Police, Park Rangers, Community Leaders, and other public safety personnel were mentioned as possible sources of security. Finally, under the topic of safety, participants described a concern that a triage center with a high concentration of individuals with pandemic influenza would pose the potential for further spread of the virus to healthy family members that accompany the patient, or to individuals who have conditions other than pandemic influenza. One group suggested organizing a separate waiting area for patients with influenza symptoms to reduce this risk. One other group recommended leaving health family members at home.

Another commonly expressed issue was that language barriers would be a serious challenge that would need to be addressed by providing sufficient interpreter or bilingual staff as well as educational materials, signage, and announcements in diverse languages. One creative solution was the possibility to recruit volunteers from a local English as a Second Language (ESL) School to act as informal interpreters in case of staff shortages. The need for appropriate support for hearing and visually impaired individuals was also mentioned.

The second major concern was logistical issues. One issue was worries about adequate staffing at the triage center. For example, participants were concerned about the quality of staff that would be treating them at the triage center and had the perception that the Emergency Department staff would be better trained and stocked with necessary medical supplies and

equipment. Other participants acknowledged an understanding that absenteeism of health care workers may be high during a pandemic leading to staff shortages. One group stressed the need for a patient advocate to answer questions and communicate frequent updates either over a public address system or through close circuit television monitors to those waiting to receive care. Possible solutions to staffing issues that were described were public funding for private hospitals to pay for staff and supplies, and recruitment of supplemental personnel prior to a pandemic. Additionally, the possible role of volunteers to provide information, comfort, and support was mentioned as one way to reduce the burden of health care staff.

An extended waiting time was also mentioned as a serious problem. The long waiting time was described as a possible trigger for the safety issues mentioned above, as well as posing other operational challenges such as need for bathrooms, cots, water, sufficient chairs, and other related resource needs. Other logistical issues included lack of transportation for many in the community to travel to and from the triage center and concerns about how worsening of symptoms would be handled. One final interesting issue that was raised was the need for an instructor to demonstrate how to properly use a facial mask so that those patients with influenza symptoms could reduce their risk of transmitting the virus to others in the waiting area. Participants also described the need to provide acetaminophen to patients upon registration to cope with pain and fever, along with re-hydration support to assist those who arrive at the triage center already dehydrated. One recommendation was made to increase the production of antiviral medications and vaccine in anticipation of the pandemic. A final suggestion was to develop approaches to streamline the triage process as much as possible to quickly identify those patients who could be discharged home or who need to be transferred to the hospital.

As a general strategy to avoid these challenges, the need for planning and consistent clear communication was frequently mentioned.

#### Acceptance of Care at a Triage Center at a School

The second topic of small group discussion focused on participant acceptance of receiving triage services at a school-based alternative care site. The potential use of schools as alternative care sites was discussed in the context of pandemic planning based on the assumption that hospitals and other health care facilities will be overwhelmed with the additional patient burden that may occur during a pandemic. The majority of participants reported that they would comply with instructions to go to the school closest to their home to be triaged during a pandemic. Only a small minority would go to the Emergency Room. Interestingly, of those that indicated that they would go to the Emergency Room, a few specified that they would comply with a direct order to go to the school. One person who commented that participants would go to the Emergency Room specified that would do so "only if the school is a zoo." A small number of participants indicated that they were unsure and that it would depend on how sick they were. One participant said that he would call his primary care provider to seek an opinion about whether to go to the school or to the Emergency Room. The responses indicated a high level of projected compliance with a public health order that instructed individuals to seek care at a school-based alternative care site.

The small group discussion shed some light on the attitudes and perceptions behind participant opinions on where to seek care. For those participants that indicated they would comply with the instructions to seek care at the closest school, a common explanation for their opinion was that they wanted to be cooperative with public health orders to contribute to an organized pandemic response. One person said that the possibility that schools would be less crowded and have a shorter wait than an Emergency Room contributed to the decision to seek care at the school. Another said that schools may have less sick people present therefore their risk of infection would be less. In some cases the schools are closer than hospitals to people's homes and thus would be a more convenient location. Also, it was reported that the school would have a more friendly and "neighborly" environment. Other participants mentioned some of the same issues as reasons to consider seeking care at the Emergency Room. For instance, one comment was raised that schools might have less security than the Emergency Room. A question was raised about whether the level of cleanliness would be less at the schools and whether the appropriate level of equipment and staff would be available at schools. Two final concerns expressed were that there would not be enough parking at schools and that the schools are further away than the hospitals.

Participants were then asked whether they had better suggestions for providing medical care to a large number of patients during a time of likely health care staff shortages than using alternative care sites at either an office building near a hospital or at their local schools. Only a few alternative locations were mentioned; specifically Elks Lodges, function facilities, or the Tsongas Arena. The need to recruit additional volunteers with basic medical skills to address the issue of staff shortages during a pandemic was emphasized. Some specific sources for volunteers that were mentioned were Red Cross, Lowell Fire Department, student nurses, medical school students, dental school students, service organizations, retired medical professionals, and military personnel. As a strategy to reduce absenteeism due to illness, it was suggested that health care workers should be vaccinated first once vaccine becomes available.

The rest of the suggestions focused on strategies to support the delivery of medical care during a pandemic, as well as questions about other related issues that might arise in this emergency context. For instance, the need to disseminate clear and succinct basic health information to the public to encourage prevention of the additional spread of the virus, to support the public in caring for the sick in the home, and to tell the difference between pandemic influenza symptoms and other conditions (e.g., a cold) would decrease the number of people seeking care at a triage site. One particular educational strategy mentioned was holding public seminars for various minority groups. A concern was raised about homebound individuals who would need assistance due to disability or special needs. One suggestion involved recruiting neighborhood leaders and church groups to make home visits to assess who was sick in each neighborhood, label homes to assist EMTs in locating these individuals, and distribute health education materials.

Concerns were expressed about how the increased burden on mortuary services would be handled. A suggestion was made to use the ice rink at the Tsongas Arena as a temporary morgue or considering the use of cremation if cultural and religious concerns would not bar this option. Another comment stressed the need for emotional support for the grieving. Other mortality related concerns were raised such as how to care for orphans if parents should die during the pandemic. Similar logistical concerns as were raised in the previous section were discussed

here, such as several groups that brought up the need for public transportation to assist individuals who do not own cars in getting to the triage sites. The importance of pre-planning and exercising the plan was stressed in comments in this section as well.

#### Reaction to Being Cared for in the Home Rather than Being Hospitalized

The last topic concentrated on participant reactions to being sent home from the triage site without being hospitalized. The context set for this discussion specified that hospitals were being used only as intensive care sites for individuals with the most severe illness. The majority of participants responded that they would feel comfortable being sent home, with a few comments particularly expressing relief about being sent home. The minority of participants that did not express comfort in being sent home specified that they would stay at home and not seek care at the triage site. One stated concern was about infecting other family members and questions were raised about whether there would be somewhere else where they could go to recuperate other than returning home. A small number of participants suggested that they would stay with family or friends rather than returning home because they live alone and would lack support. Additionally, one person specified that while participants in the discussion would feel comfortable being sent home, they could imagine certain groups of people would not be happy with this direction, such as the elderly that might perceive that they were "being sent home to die" or other members of the public that would be angry because they waited so long only to be sent home and that the fact that they pay taxes should allow them to be hospitalized.

A number of participants described certain supports that would need to be in place in order to feel comfortable being sent home. The most common support mentioned was being provided with sufficient written information in multiple languages to help care for sick individual in the home (e.g., when to call a health care professional) and to avoid infecting other family members. One person specified that they would like to be sent home with a "survival kit" that included the necessary medications to be treated at home. A common response was that families should conduct advance planning to determine how they would handle caring for each other in the home. The need for basic supplies; such as food deliveries to the home, culturally based home remedies, fuel, electricity, and water; was discussed by participants.

The majority of participants indicated that they would feel more comfortable being sent home if an EMT or other health care worker made a home visit at least once after they were discharged. Of those that did not report that a home visit would be helpful, one suggestion was that a phone call might be safer than a home visit, as their comfort level with this intervention was dependant upon whether the EMT or health care worker was carrying influenza or other illness. Some participants doubted that a home visit would be realistic given the staff shortages that would likely occur during a pandemic. One opinion was that the young and elderly should definitely be checked via a home visit. Finally, one suggestion was that a hotline number be provided to individuals upon discharge so that people could call if symptoms worsen or if questions arise, while another group suggested that local public broadcasting should provide updates on the pandemic situation as well as health care tips.

All of the participants that had time to discuss this topic reported that a website, telephone hotline, or cable access television program that gave advice on providing care at home would be

helpful. Suggestions for topics to include included: signs and symptoms of influenza, contact information for health care providers and other support services, frequent updates on the pandemic status in Lowell, availability of grocery stores and pharmacies, drug interaction warnings, and basic health care information such as cough etiquette and instructions about caring for someone in the home.

Similarly, many participants reported that they or someone in their family would be willing to attend to attend a ½ day suggested requested. The following is a summary list:

- Infection control
- Hand washing
- Symptom identification
- Taking basic vital signs
- Recognizing dehydration and basic rehydration
- Basic nutrition
- Signs and symptoms of influenza complications and how to handle them
- First aid and CPR
- Caring for children and the elderly
- How to use a defibrillator
- Proper use of prescription medications
- What to do about pet birds, yard birds, and animals
- Information about social, psychological, and environmental aspects of caring for the sick
- Pandemic preparation
- How to order advance supplies of prescription medications
- Taking care of basic activities of daily living, including hygiene
- Basic anatomy and physiology

#### **Discussion**

One of the major themes that emerged from the Pandemic Influenza Public Discussion was a general acceptance of the potential need for alternative care sites during a future pandemic. The majority of participants appeared to accept receiving care either at a triage center near a hospital or at a local school. The common issue expressed throughout was that regardless of the site of care, any changes to the typical approach to medical care need to be accompanied by clear, consistent, and simple messages to the public that explain why the shift is needed, how care will be delivered, and how individuals can properly care for themselves and their families. A strong need for public information delivered through multiple communication channels was repeatedly expressed. Similarly, the majority of participants expressed an acceptance of possibly being sent home after being triaged rather than being hospitalized due to hospitals being transformed into intensive care units to care for the sickest of the sick. Again, the need for clear public information on caring for the sick in the home was expressed. The overriding concern was how to protect their personal and family safety during a pandemic by having the necessary information to decrease the spread of influenza and to care for those who are ill with influenza or other conditions. There was large interest in a proactive solution to this challenge, namely participation in a training workshop on caring for the sick in the home.

Despite the general level of projected compliance with necessary public health measures during a pandemic, a wide array of concerns and potential challenges were raised. One common concern was how language barriers would impact community access to care and information during a pandemic. Sufficient interpreters or bilingual staff as well as educational materials, signage, and public announcements in diverse languages were strongly suggested. Similar concerns were raised about other populations who may experience additional barriers to care during a pandemic, such as people with visual, hearing, or mobility impairments and individuals with financial limitations. These concerns stressed the need for continuing to engage a diverse representation of the public in pandemic planning, as well as continuing to identify creative strategies to ensure the health of all segments of the community during public emergencies.

On another issue, participants and observers noted that education is needed for the general public on proper use of masks. This would include information about who should wear masks, under what circumstances they should be worn, along with detailed instructions for safe handling of masks, including properly putting on and taking off the mask.

The participants were very respectful and engaged in the discussions throughout the event. Small group facilitators reported that participants were very invested in having a voice in pandemic planning and displayed their understanding of the complexities involved in planning through their deliberations. Observers and small group facilitators also indicated that the framing of the topic in the small group discussion guide and introductory scenario was important in helping participants to visualize the reality of a pandemic situation. The diversity of the group appeared to add richness to the discussion and provided a wide range of perspectives. This event demonstrated again that the public can play a key role in pandemic planning discussions. Additionally, the experience suggested that the public will react well to and appreciate clear and transparent information about pandemic planning that helps them to make healthier choices for themselves, their families, and their communities.

The Pandemic Influenza Public Discussion appears to have stimulated expanded interest in pandemic planning efforts at the local level. In the short time span since the event occurred, Frank Singleton, the Director of the Lowell Health Department was invited to provide an update on pandemic planning to the Lowell City Council. Additionally, a collaborative event was held with three local hospitals and seven local health departments surrounding the city of Lowell to discuss planning for the increased health care needs that are likely to occur during a future pandemic. This level of interest will serve to speed up and enhance local planning efforts.

#### **Next Steps**

The Pandemic Influenza Public Discussion has already begun stimulating local collaborative efforts to prepare for a possible future pandemic. A number of important follow-up steps to the Pandemic Influenza Public Discussion are being planned in Lowell. First, the Lowell Health Department is currently working on developing a first draft Pandemic Plan on which they wish to solicit feedback from the general public. Health department staff plans to post pandemic planning updates, the pandemic plan, the report from the April 18<sup>th</sup> event, and other relevant documents on the municipal website to increase public access to important planning information.

The Lowell Health Department is committed to involving the public in pandemic planning in an ongoing manner.

Additionally, the Program on Homeland Security at Middlesex Community College has proposed the formation of a Greater Lowell Pandemic Planning Initiative (GLPPI). This project will include the following components: 1) Continuity of Operations Planning (COOP) for public and private agencies in Greater Lowell, 2) Risk Communications, and, 3) Mass Care and Alternative Care. Anyone interested in learning more about this initiative should contact Terrence B. Downes, Esq, by telephone at: (978) 656-3103, or via email at: downest@middlsex.mass.edu.

#### **Survey Results**

A pre-event survey was conducted at the Pandemic Influenza Public Discussion to generate ideas about needed public educational materials. The Pre-Event Survey were adapted from the "Avian Flu Survey" a telephone survey conducted by the Harvard School of Public Health's project on the Public and Biological Security among 1,043 adults across the country between January 17-25, 2006<sup>2</sup>; two questions from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS)<sup>3</sup>; and input from Peg Harrington, Risk Communication Coordinator, Center for Emergency Preparedness, Massachusetts Department of Public Health. The Pre-Event survey tool is included in Appendix 2.

The response rate for the pre-event survey was very high. Fifty-one out of fifty-two participants completed a survey, providing a response rate of 98%. Complete results from the survey, which included questions about influenza-related knowledge, attitudes, and behaviors, in addition to demographic information, may be found in Appendix 1. The following are a few highlights from the survey.

Seventy-six percent of respondents reported that they were somewhat worried or very worried that they or someone in their family would get sick from avian influenza over the next 12 months. This may possibly be explained by the reported high level of exposure to media reports about avian influenza. For instance, 86% of respondents indicated that they had viewed television coverage about avian influenza. 60% of respondents reported that the news media are covering avian influenza at a level that feels "about right." However, based on the knowledge questions on the survey, it appears that more detailed public information about pandemic influenza is needed. For instance, 98% of respondents correctly identified that human cases of avian influenza had been reported in Asia. However, 43% of respondents incorrectly indicated that there were human cases of avian influenza in Europe, 12% thought that there were human cases of avian influenza in Canada, and 10% indicated that there were human cases of avian influenza in the United States. As of April 18, 2006, of these options, only Asia had reported human cases on avian

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<sup>&</sup>lt;sup>2</sup> Blendon, RJ, et al. "Avian Flu Survey." Harvard School of Public Health Project on the Public and Biological Security. Topline Results (2006)

http://www.hsph.harvard.edu/press/releases/press02232006.html

<sup>&</sup>lt;sup>3</sup> http://www.mass.gov/dph//bhsre/cdsp/brfss/brfss.htm

influenza. Participants also expressed a strong desire for more public information on the survey. Eighty-five percent of respondents reported that it is extremely important that the general public be made aware of the threat of a flu pandemic before it occurs. This suggests a need and an interest in increasing public education about pandemic influenza now in preparation for a possible future pandemic. The increase in public information may also positively impact public trust in local, state, and federal government's ability to maintain health and safety during an influenza pandemic.

#### **APPENDIX 1: PRE-EVENT SURVEY RESULTS**

#### **Demographic Characteristics of Participants: Pandemic** Influenza Public Discussion; Lowell, MA April 18, 2006

	Participated	Census Data
	(n) %	%
By Gender:		
Male	(18) 36%	49%
Female	(32) 64%	51%
By Race/Ethnicity <sup>2</sup> :		
White (non-Hispanic)	(33) 66%	69%
Black/African American	(3) 6%	4%
Hispanic/Latino	(3) 6%	6%
Asian and Pacific Islander	(10) 20%	17%
American Indian and Alaskan Native	`(1) 2%	<1%
Other	-	3%
Age:		
15-24	(2) 4%	17%
25-34	(4) 14%	17%
35-44	(14) 27%	27%
45-54	(12) 23.5%	17%
55-64	(11) 21.5%	7%
65-74	(5) 10%	10%
75-84	-	4%
85+	-	1%
Data Source: Pandemic Influenza Public Discussion Pre-I	Event Survey	

<sup>2</sup> Percentages sum to more than 100% because participants were able to select all that apply

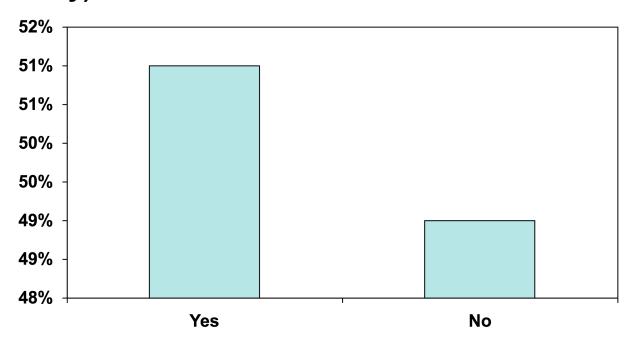
## Characteristics of Participants by Profession and Education: Pandemic Influenza Public Discussion; Lowell, MA<sup>1</sup>

April 18, 2006

	Responses (n) %
Level of Education: (n=50) Less than high school High school graduate Some college College graduate Graduate school	(5) 10% (4) 8% (18) 36% (10) 20% (13) 26%
Profession: (n=46) Administrative Assistant Human Services Lawyer Minister Public Health Public Safety Retired Student Teacher Other Unknown	(4) 8% (9) 18% (2) 4% (1) 2% (10) 20% (3) 6% (3) 6% (5) 10% (2) 4% (6) 11%
1 Data Source: Pandemic Influenza Public Discussion Pre-Eve	ent Survey

Characteristics of Participants by Reported Site of Usual Medical Care <sup>1</sup> April 18, 2006	
	Responses <sup>2</sup>
	(n) %
Hospital Emergency Room	(5) 10%
Community Health Center	(7) 14%
Private Doctor or Clinic	(40) 78%
Other	
At Work	(1) 2%

# Did you get the flu vaccine (shot or mist) this past flu season (between September 2005 and today)?



	Responses n=25
	(n) %
Didn't know I needed it	(1) 4%
Doctor didn't recommend it	(3) 12%
Didn't think of it/forgot/missed it	(4) 16%
Tried to get a flu shot, but my doctor said I didn't need it	(2) 8%
Didn't think it would work	(1) 4%
Don't need a flu shot/not at risk/flu not serious	(8) 32%
Don't like shots or needles/don't want it Other	(4) 16%
I have never taken it	(1) 4%
Thought I would let higher risk populations use it in case the was a shortage	ere (1) 4%
Too busy	(1) 4%
Don't know/not sure	(2) 8%

## What kinds of things do you do to protect yourself from the regular or seasonal flu?<sup>1</sup> April 18, 2006

	Responses <sup>2</sup> n=51 (n) %
Get flu vaccine Wash my hands regularly Avoid people who I know are sick with the flu Take vitamin C Take Echinacea, zinc, or other herbal remedy Eat healthy food Exercise Get enough rest Other Meditate Take Omega 3 fish oil pills Nothing	(27) 53% (45) 88% (30) 59% (25) 49% (6) 8% (35) 69% (34) 67% (32) 63% (1) 2% (1) 2% (1) 2%

<sup>1</sup> Data Source: Pandemic Influenza Public Discussion Pre-Event Survey, Lowell, MA. 2 Percentages do not sum to 100% because participants were able to select more than one response.

Anxiety about Avian or Bird Flu <sup>1</sup> April 18, 2006	
Αμπ το, 2000	Responses (n) %
Worried that you or someone in your immediate family may get sick from regular or seasonal flu during next 12 months Very worried Somewhat worried Not very worried Not worried at all	(18) 35% (30) 59% (3) 6% -
Concerned that avian or bird flu may be detected in the US Very concerned Somewhat concerned Not very concerned Not at all concerned	(18) 35% (30) 59% (3) 6% -
Concerned about a pandemic outbreak of avian or bird flu among humans Very concerned Somewhat concerned Not very concerned Not at all concerned	(22) 44% (26) 52% (2) 4%
Worried that you or someone in your immediate family may get sick from avian or bird (pandemic) flu during next 12 months  Very worried  Somewhat worried  Not very worried  Not worried at all	(13) 25% (26) 51% (11) 22% (2) 2%

Media Coverage <sup>1</sup>	
April 18, 2006	Responses
	(n) %
During the past month, have received information about the	
avian or bird flu from the following sources <sup>2</sup>	
Television news	(44) 86%
Newspapers	(40) 78%
Radio	(14) 27%
Friends and family members	(17) 33%
Your doctor	(3) 6%
A government website	(6) 12%
Some other website	(̇̀5)́ 10%
Other	(7) 14%
How well do you think the news media are covering avian or	
bird flu? Do you think the news media are:	
Exaggerating the dangers of avian or bird flu	(9) 18%
Not taking the news seriously enough	(11) 22%
The news are about right	(30) 60%
Do you ever watch programs on your local cable station?	
Sometimes	(36) 71%
Never	(12) 23%
I don't have cable/local programming not available	(3) 6%
1 Data Source: Pandemic Influenza Public Discussion Pre-Event Survey, Lowell, MA. 2 Percentages do not sum to 100% because participants were able to select more that	an one response.

Pandemic Influenza Knowledge <sup>1</sup> April 18, 2006	
7,0711 10, 2000	Responses (n) %
To the best of your knowledge in which of the following areas have their been cases of the avian or bird flu among humans? <sup>2</sup>	
Asia Africa Europe Canada The United States	(50) 98% (22) 43% (30) 59% (6) 12% (5) 10%
To the best of your knowledge, does the regular or seasonal flu vaccine prevent you from getting avian or bird flu? <sup>3</sup> Yes No Don't know	(1) 2% (36) 71% (14) 28%
If there were a major outbreak of the avian or bird flu among humans in the US, which of the following do you feel best describes the amount of vaccine supply that will be available?	
The United States will be able to supply the vaccine for everyone in the country that needs it	(5) 10%
I don't think that there will be enough vaccine	(45) 90%
1 Data Source: Pandemic Influenza Public Discussion Pre-Event Survey, Lowell, MA. 2,3 Percentages do not sum to 100% because participants were able to select more the	nan one response.

Public Information <sup>1</sup> April 18, 2006	
	Responses (n) %
How important is it that the general public be made aware of the threat of a flu pandemic before it occurs?	
Extremely important Somewhat important Not important	(40) 85% (7) 15% -
What kinds of information do you think would be the most helpful to educate the general public about avian or bird flu and what they can do to protect themselves and their loved	
ones <sup>2</sup> Public service announcements on radio or tv	(41) 80%
News stories and articles	(41) 80%
Televised "town hall" meetings and forums	(28) 55%
Posters, billboards	(20) 39%
Payroll or bill "stuffers" with facts about the disease	(16) 31%
Other	(3) 6%

Public Trust <sup>1</sup>	
April 18, 2006	
	Responses
	(n) %
If the current avian or bird flu develops the ability to spread easily among humans and the start of the flu pandemic is declared, who would you trust most to give you the most accurate information about the situation? <sup>2</sup>	
A Federal health official	(25) 49%
A state health official	(27) 53%
Local (City) officials	(30) 59%
Your doctor or other medical professional known to you	(28) 55%
A medical reporter on tv	(11) 22%
The Governor	(11) 22%
The President	(10) 20%
Local (City) elected officials, Mayor, etc. Other	(8) 16% (3) 6%
How much do you trust that the federal government will be able to maintain health and safety if avian or bird flu spreads among humans in the United States?  A great deal A good amount Only some Very little Not al all	(6) 13% (14) 29% (16) 33% (8) 17% (4) 8%
How much do you trust that the state government will be able to maintain health and safety if avian or bird flu spreads among humans in the United States?	
A great deal	(8) 17%
A good amount	(14) 29%
Only some	(19) 40% (5) 10%
Very little Not al all	(5) 10% (2) 4%
How much do you trust that the local (City) government will be able to maintain health and safety if avian or bird flu spreads among humans in the United States?	` '
A great deal	(8) 17%
A good amount	(14) 29%
Only some	(19) 40% (6) 12%
Very little Not al all	(6) 12% (1) 2%
I TOT OF OH	(1) 2 /0

### Opinions about Pandemic Planning and Public Participation<sup>1</sup>

April 18, 2006

Responses

(n) %

Are there any pandemic planning activities going on in your community?

Yes (27) 56% No (5) 11% Don't Know (16) 33%

Do you think the general public should be involved in pandemic planning?

Yes (42) 89% No (5) 11%

Would you be interested in working with others in your community to prepare for a possible pandemic?

Yes (45) 96% No (2) 4%

1 Data Source: Pandemic Influenza Public Discussion Pre-Event Survey, Lowell, MA.

### Massachusetts Pandemic Flu Public Feedback Session: Participant Interest in Follow-Up Steps<sup>1</sup>

April 18, 2006

Responses <sup>2</sup>
n=42
(n) %
(35) 83%
(25) 60%
(24) 57%
(25) 60%
(30) 71%
(29) 69%

<sup>1</sup> Data Source: Pandemic Influenza Public Discussion Contact Form; Lowell, MA 2 Percentages do not sum to 100% as participants could select all that apply.

#### **APPENDIX 2: PRE-EVENT SURVEY**

#### **CONFIDENTIAL PARTICIPANT SURVEY**

This is a survey to understand your thoughts about flu. This is not a test. Your name will not be written anywhere on the survey. All questions are optional. We will use the results of the survey to develop public education materials. Thank you for completing the survey and for attending

completing the survey and for attending today's event!	☐Exercise ☐Get enough rest
•	Other (please
Please choose one option for each question unless directions specify otherwise.	specify)
<b>,</b>	Nothing
1. Did you get flu vaccine (shot or flu mist) this past	
flu season (between September 2005 and today)?	4. Are you worried that you or someone in your
☐ Yes	immediate family may get sick from regular or
No	seasonal flu during the next 12 months?
	very worried
2. If no, what was the main reason why you did not	somewhat worried
get flu vaccine this past flu season?	not very worried
Didn't know I needed it	not worried at all
Doctor didn't recommend it	
Didn't think of it/forgot/missed it	5. Avian or bird flu is infecting wild birds in some
Tried to get a flu shot, but no flu shots were	countries. As those birds migrate, there is the
available	possibility that wild birds in the United States may
☐Tried to get a flu shot, but my doctor said I didn't	get sick, and might infect domestic poultry, such as
need it	turkeys or chickens. How concerned are you that
☐Didn't think it would work	the avian or bird flu among birds may be detected
Don't need a flu shot/not at risk/flu not serious	in the US?
Shot could give me the flu/allergic reaction/other	very concerned
health problem	somewhat concerned
Doctor recommended against getting the	not very concerned
shot/allergic to shot/medical reasons	not at all concerned?
Don't like shots or needles / don't want it	
Other [specify]	<ol><li>Some health experts have raised the possibility</li></ol>
Don't Know/Not Sure	that there could be a pandemic outbreak of avian or
	bird flu among humans, that is, a severe outbreak
	of that disease in many countries at the same time.
	How concerned are you about a pandemic
	outbreak of avian or bird flu among humans?
	Would you say you are:
	very concerned
	<ul><li></li></ul>
	not at all concerned?

3. What kinds of things do you do to protect yourself from the regular or seasonal flu? (check

Avoid people who I know are sick with the flu

Take Echinacea, zinc, or other herbal remedy

all that apply)

Get flu vaccine

Take vitamin C

Eat healthy food

Wash my hands regularly

7. Are you worried that you or someone in your immediate family may get sick from the avian or bird (pandemic) flu during the next 12 months?  very worried somewhat worried not very worried not worried at all	13. To the best of your knowledge, does the regular or seasonal flu vaccine prevent you from getting the avian or bird flu?  Yes  Don't know
8. In recent months there have been a number of news stories and features about pandemic influenza. Approximately how many of these news stories have you read or watched?  (Write number) news stories	14. If there were a major outbreak of the avian or bird flu among humans in the U.S., which of the following do you feel best describes the amount of vaccine supply that will be available?  the United States will be able to supply the vaccine for everyone in the country who needs it I don't think that there will be enough vaccine
<ul> <li>9. During the past month, have you gotten information about the avian or bird flu from any of the following sources? (check all that apply)</li> <li>Television news</li> <li>Newspapers</li> <li>Radio</li> </ul>	<ul><li>15. What are your top three questions about avian or bird flu?</li><li>1)</li></ul>
Friends and family members Your doctor A government website	2)
Some other website Other	3)
10. How well do you think the news media are covering avian are bird flu? Do you think the news media are:  — exaggerating the dangers of the avian or bird flu — not taking the dangers seriously enough — the news reports are about right	☐ I haven't thought much about pandemic flu so I don't have any questions ☐ I have no questions about pandemic flu because I have all the information I need  16. What are your top three concerns/fears about avian or bird flu?
11. Many communities have local cable television programming featuring news and information for the local community. Do you ever watch programs an your local cable station?	1) 2)
on your local cable station?  Sometimes  Never  I don't have cable/local programming not	3)  I haven't thought much about avian or bird flu so I don't have any concerns or fears
available	☐ I have thought about avian or bird flu but I have no concerns or fears about it
12. To the best of your knowledge, in which of the following countries have there been cases of the avian or bird flu among humans? (check all that apply)	17. How important is it that the general public be made aware of the threat of a flu pandemic before it occurs?
Asia Africa Europe Canada	Extremely important Somewhat important Not important
The U.S.	

most helpful to educate the general public about avian or bird flu and what they can do to protect themselves and their loved ones? (check all that apply)  Public service announcements (PSA's) on radio or TV  News stories and articles Televised 'town hall' meetings and forums Posters, billboards,	government will be able to maintain health and safety if avian or bird flu spreads among humans in your city?  a great deal a good amount only some very little not at all
Payroll or bill 'stuffers' with facts about the disease Other (please specify)	23. Are there pandemic planning activities going on in your community?  Yes Don't know
19. If the current avian or bird flu (H5N1) develops the ability to spread easily among humans and the start of a flu pandemic is declared, who would you trust most to give you the most accurate	24. Do you think the general public should be involved in pandemic planning?  ☐ Yes ☐ No
information about the situation?  A Federal health official A State health official Local (City) health officials Your Doctor or other medical professional known to you A medical reporter on TV The Governor The President Local (City) elected officials, Mayor, etc. Other (please specify)  20. How much do you trust that the federal government will be able to maintain health and safety if avian or bird flu spreads among humans in the United States?	25. Would you be interested in working with others in your community to prepare for a possible flu pandemic?  Yes No  26. Where do you usually go for medical care for yourself and your family?  Hospital emergency room  Community Health Center  Private doctor or clinic  Other (please specify)  27. What is your gender?  Male Female
a great deal a good amount only some very little not at all	
21. How much do you trust that the state government will be able to maintain health and safety if avian or bird flu spreads among humans in Massachusetts?  a great deal a good amount only some very little not at all	

28. What is the highest grade of school you have	31. In which of the following categories is your
completed?	individual income range? (optional)
Nursery school to 4th grade	Less than \$25,000
5th grade or 6th grade	\$25,000-\$55,000
☐7th grade or 8th grade	Greater than \$55,000
9th grade	
10th grade	32. What is your occupation?
11th grade	oz. What is your occupation:
12th grade, NO DIPLOMA	33. What is your zip code?
HIGH SCHOOL GRADUATE— high school	oo. What is your zip code:
DIPLOMA or the equivalent (for example: GED)	
Some college credit, but less than 1 year	
1 or more years of college, no degree	
Associate degree (for example: AA, AS)	
Bachelor's degree (for example: BA, AB, BS)	
Master's degree (for example: MA, MS, MEng,	
MEd, MSW, MBA)	
Professional degree (for example: MD, DDS,	
DVM, LLB, JD)	
Doctorate degree (for example: PhD, EdD)	
Other (please	
specify)	
specify)	
29. In which of the following categories is your	
age?	
☐ 18-24 ☐ 55-64	
25-34 65-74	
☐ 35-44 ☐ 75-84	
☐ 45-54 ☐ 85+	
30. What is your race or ethnicity?	
Hispanic/Latino	
Non-Hispanic White (Caucasian)	
African American	
Asian	
Native American	
Brazilian	
Other Please specify	
U Other Flease specify	

Thank you again for participating in today's event and for completing this questionnaire!

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